



02-18-05

Application No.: 10/607,716  
In response to Office Action Mailed Dec. 6, 2004

*[Handwritten signature]*

IN THE U.S. PATENT AND TRADEMARK OFFICE

Appl. No. : 10/607,716  
Applicant : Jan Rippingale  
5 Filed : June 27, 2003  
T.C./A.U. : 3625  
Examiner : Sarah K. Gedrich  
Docket No. : PTSH-001  
Date : Feb 15, 2005

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Commissioner for Patents  
P. O. Box 1450  
Alexandria, VA 22313-1450

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**AMENDMENT A**

Sir:

20 Please enter the following amendment in response to the Office Action mailed Dec 6, 2004 for the above-identified application.

**Claims Listing** begins on page 2 of this paper.

**Remarks** begin on page 21 of this paper



## TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission 36

Application Number	10/607,716
Filing Date	June 27, 2003
First Named Inventor	Jan Rippingale
Art Unit	3625
Examiner Name	Sarah K. Gedrich
Attorney Docket Number	PTSH-001

### ENCLOSURES (Check all that apply)

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers  <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
<div>Remarks</div>		

### SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Earle Jennings		
Signature			
Printed name	Earle Jennings		
Date	Feb 16, 2005	Reg. No.	44,804

### CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

Signature			
Typed or printed name	Earle Jennings	Date	Feb 16, 2005

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